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An act to amend Section 14007.8 of the Welfare and Institutions Code,  
relating to Medi-Cal.

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## THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 14007.8 of the Welfare and Institutions Code is amended to read:

14007.8. (a) (1) An individual who is 25 years of age or younger, and who does not have satisfactory immigration status or is unable to establish satisfactory immigration status as required by Section 14011.2, shall be eligible for the full scope of Medi-Cal benefits, if they are otherwise eligible for benefits under this chapter.

(2) (A) After the director determines, and communicates that determination in writing to the Department of Finance, that systems have been programmed for implementation of this ~~paragraph, subparagraph~~, but no sooner than May 1, 2022, an individual who is 50 years of age or older, and who does not have satisfactory ~~immigrant~~ immigration status or is unable to establish satisfactory immigration status as required by Section 14011.2, shall be eligible for the full scope of Medi-Cal benefits, if they are otherwise eligible for benefits under this chapter.

(B) After the director determines, and communicates that determination in writing to the Department of Finance, that systems have been programmed for implementation of this subparagraph, but no sooner than January 1, 2024, an individual who is 26 to 49 years of age, inclusive, and who does not have satisfactory immigration status or is unable to establish satisfactory immigration status as required by Section 14011.2, shall be eligible for the full scope of Medi-Cal benefits, if they are otherwise eligible for benefits under this chapter.

~~(B)~~

(C) The effective date of enrollment into the Medi-Cal program for an individual described in this paragraph, and enrolled in the Medi-Cal program pursuant to subdivision (d) of Section 14007.5, shall be on the same day on which the systems are operational to begin processing new applications pursuant to the director's determination described in ~~subparagraph (A). either subparagraph (A) or (B), as applicable.~~

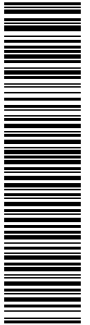
(3) (A) An individual enrolled in the Medi-Cal program pursuant to this section and subdivision (d) of Section 14007.5 shall not be required to file a new application for the Medi-Cal program.

(B) The enrollment specified in subparagraph (A) shall be conducted pursuant to an eligibility and enrollment plan, and shall include outreach strategies developed by the department in consultation with interested stakeholders, including, but not limited to, counties, health care service plans, health care providers, consumer advocates, and the Legislature.

(C) The department shall provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of this section.

(b) To the extent permitted by state and federal law, an individual eligible under this section shall be required to enroll in a Medi-Cal managed care health plan. Enrollment in a Medi-Cal managed care health plan shall not preclude a beneficiary from being enrolled in any other children's Medi-Cal specialty program that they would otherwise be eligible for.

(c) (1) The department shall maximize federal financial participation in implementing this section to the extent allowable. For purposes of implementing this section, the department shall claim federal financial participation to the extent that the department determines it is available.



(2) To the extent that federal financial participation is unavailable, the department shall implement this section using state funds appropriated for this purpose.

(d) This section shall be implemented only to the extent it is in compliance with Section 1621(d) of Title 8 of the United States Code.

(e) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Thereafter, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(f) In implementing this section, the department may contract, as necessary, on a bid or nonbid basis. This subdivision establishes an accelerated process for issuing contracts pursuant to this section. Those contracts, and any other contracts entered into pursuant to this subdivision, may be on a noncompetitive bid basis and shall be exempt from both of the following:

(1) Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and any policies, procedures, or regulations authorized by that part.

(2) Review or approval of contracts by the Department of General Services.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.



## LEGISLATIVE COUNSEL'S DIGEST

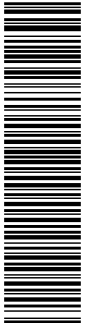
Bill No.  
as introduced, \_\_\_\_\_.  
General Subject: Medi-Cal: eligibility.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.

Existing law, after the director has communicated the determination to the Department of Finance that systems have been programmed for the implementation of these purposes, but no sooner than May 1, 2022, extends Medi-Cal eligibility for the full scope of Medi-Cal benefits to an individual who is 50 years of age or older, and who does not have satisfactory immigrant status or is unable to establish satisfactory immigration status, as specified, if they are otherwise eligible for those benefits. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination. Existing law provides that a person enrolled in the Medi-Cal program under these provisions is not required to file a new application for the Medi-Cal program, requires the enrollment to be conducted pursuant to a prescribed eligibility and enrollment plan, and requires the department to provide monthly updates to the Legislature, as specified.

This bill would extend Medi-Cal eligibility for the full scope of Medi-Cal benefits to an individual who is 26 to 49 years of age, inclusive, and who does not have satisfactory immigrant status or is unable to establish satisfactory immigration status, as specified, if they are otherwise eligible for those benefits. The bill would make the expansion after the director has determined and communicated the determination to the Department of Finance that systems have been programmed for the implementation of these purposes, but no sooner than January 1, 2024. The bill would, as described above, make the effective date of enrollment the same day that systems are operational, would not require a new application, and would require the department to include these individuals in monthly updates to the Legislature. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility to specified individuals who are 26 to 49 years of age, inclusive, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.



This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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